



CONCORD PARKS AND RECREATION
DEPARTMENT
COACHING APPLICATION

Athletic Office Use:
Background Check _____
Approved _____
Denied _____

1. NAME _____
2. ADDRESS _____
3. CITY _____ STATE _____ ZIP _____
4. TELEPHONE # HOME _____ WORK _____ CELL _____
OTHER _____ EMAIL: _____
5. SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____
6. APPLICANT'S AGE: 20-30 _____ 31+ _____ (PLEASE CHECK) Date of Birth _____
7. EDUCATION: High School Graduate _____ College _____
8. ARE YOU A NEW COACH AT CONCORD? _____
COACHING EXPERIENCE _____
9. ARE YOU A CERTIFIED NYSCA COACH? Yes _____ No _____ Willing to be? _____
10. CHARACTER REFERENCE:
(1) Name _____ Address _____
(2) Name _____ Address _____
(3) Name _____ Address _____
11. COACHING EXPERIENCE (IF ANY) EXPLAIN _____

12. REASONS FOR DESIRING TO COACH _____

13. STATEMENT OF PHILOSOPHY TOWARD YOUTH SPORTS _____

14. If accepted, I agree to attend all meetings and workshops called by the CONCORD PARKS AND RECREATION ATHLETIC DIVISION. Yes _____ No _____
15. I understand that failure to conduct myself in a sportsmanlike manner will result in dismissal from Coaching. Yes _____ No _____
16. I understand that the Concord Parks and Recreation Department will perform a mandatory background check.
17. If accepted for a coaching position, head coach or assistant, I hereby agree to abide by the rules and regulations and Code of Ethics set forth by the CONCORD PARKS AND RECREATION DEPARTMENT.
18. I agree to indemnify and hold harmless the city of Concord, its officers, employees, and assigns from and against any and all claims, damages, losses or expenses for personal injury, sickness, or loss, damage or destruction of personal property which may arise out of or during my volunteer experience whether such claim be against me, for my benefit or otherwise. I further understand and agree that volunteers are responsible for their own insurance coverage (medical, automotive, liability or any other type) and are not insured in any way by the City, and are not entitled to any type of benefits provided to any employees of the City.

SIGNATURE _____ DATE _____